

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 171

Place of Birth Claypool, Ariz. County Gila No. Oak Street St.
(Registration District)

SEX OF CHILD* Twin
Triplet
or other? } and { Number
in order
of birth

DATE OF BIRTH* January 29 1923
(Month) (Day) (Year)

FULL NAME Forest Bell FATHER

FULL MAIDEN NAME Mable Craig MOTHER

HEREBY CERTIFY that the child described
herein has been named

Forest James Bell
(Give name in full) (Surname)

Forest Bell
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

623-129-437